Child Maltreatment: Recognition, Reporting, and Referral

Leslie Strickler, DO FAAP
Medical Director, Child Abuse Response team (CART)
University of New Mexico Children’s Hospital
Objectives

• Recognize presentations of child physical abuse in the outpatient setting including bruising, bite-marks, oral trauma, and brain injury
• Understand duty to report concern for child maltreatment in New Mexico
• Review procedures for reporting concern for child maltreatment in New Mexico
• Understand the indications for and access to subspecialty referral
Child Maltreatment in New Mexico

- In 2010 CYFD received 31,592 referrals of alleged child maltreatment
  - 17,791 were accepted for investigation
  - 6,534 investigations substantiated child maltreatment (12% increase from 2009)
Recognition: Is one of these children my patient?

- **Bruising**
  - most common injury identified in cases of abuse
  - involvement of extremities, bony prominence is often normal
  - Concerning bruises
    - central location (buttocks, abdomen, chest)
    - non-ambulatory infant
    - bruise in the pattern of an object
Inflicted Bruising
Inflicted Bruising
Inflicted Bruising
Inflicted Bruising: Spanking
Patterned Bruising:
Patterned Bruising: Belt Buckle
Patterned Bruising
Patterned bruises: open hand slap
Grasping with Hand
Strangulation
Bruising

• Dating – NOT Recommended
  • resolution varies with location, depth, severity, skin tone, vascularity, patient age
  
Bites

- circular or oval patterned injury that consists of opposing symmetrical arches separated at their bases by open spaces
- Bites by children with primary dentition are <3cm intercuspid distance
- Assessment goals
  - Bite or not bite
  - Human or animal bite
  - Adult or child human bite
Adult Human Bite
Oral Injuries

- History: unexplained epistaxis, hematemesis, choking/gagging, feeding difficulty, or respiratory distress

- Perform a thorough intra-oral examination for history of oral bleeding or epistaxis in a young infant

- Mechanisms: direct blow to mouth or forced insertion of object into mouth

- Refer to a Child Abuse Pediatrician!

Maguire S. *Diagnosing abuse: a systematic review of torn frenum and other intra-oral injuries.* Arch Dis Child, 2007; 92: 1113-1117
Oral Injury: Sublingual Laceration
Healing sublingual laceration
Superior Labial Frenulum Tear
Abusive Head Trauma

- Leading cause of mortality and morbidity from physical abuse
- common in young infants who have been crying inconstantly
- Infant risk factors for injury
  - Large head, small body, weak neck, incomplete myelination of CNS tissue
Shaken Baby Syndrome

• Possible presentations
  • irritability, lethargy, vomiting, apnea, loss of consciousness, seizures, ALTE
• Obvious external injury (scalp bruising) often minimal or absent
Shaken Baby Syndrome

• Common features of history
  • Acute unexplained decompensation
  • Short fall (the killer couch)
  • Self inflicted injury
  • Injury inflicted by another small child
• Diagnosis of Shaking Injury
  • Subdural hematoma
  • Specific pattern/severity of retinal hemorrhage
  • Brain Injury (altered mental status, seizures, cerebral edema, encephalopathy, diffuse axonal injury)
  • No explanatory trauma or medical condition
Bridging Veins
Bilateral Subdural Hematomas
Prevention of Shaken Baby Syndrome

• Include it in anticipatory guidance during prenatal and infant well visits
  • Educate parents about normal infant crying patterns

• Resources
  • Period of PURPLE Crying (www.purplecrying.info)
  • National Center on Shaken Baby Syndrome (www.dontshake.org)
**PURPLE crying**

The acronym PURPLE is used to describe specific characteristics of an infant’s crying during this developmental phase and lets parents and caregivers know that what they are experiencing is normal:

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<td>Peak of crying</td>
<td>Unexpected</td>
<td>Resists soothing</td>
<td>Pain-like face</td>
<td>Long lasting</td>
<td>Evening</td>
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<td>Your baby may cry more each week. The most at 2 months, then less at 3-5 months.</td>
<td>Crying can come and go and you don’t know why.</td>
<td>Your baby may not stop crying no matter what you try.</td>
<td>A crying baby may look like it is in pain, even when it is not.</td>
<td>Crying can last as much as 5 hours a day, or more.</td>
<td>Your baby may cry more in the late afternoon and evening.</td>
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Source: www.purplecrying.info

Standard-Examiner
Abusive Head Trauma

References

• Christian C. *Abusive Head Trauma in Infants and Children.* Pediatrics 2009; 123; 1409.

Reporting Concern for Abuse or Neglect

• All adults in New Mexico are mandated reporters of suspected child abuse or neglect
• Physicians, nurses, and social workers are specifically identified as mandated reporters
Who Do I Call?

- CYFD (Children, Youth, and Families Dept)
  - www.cyfd.org
- Statewide Central Intake Hotline
  - 1-855-SAFE (7233)
  - #SAFE from a cell phone
Who Do I Call?

- Suspected abuse or neglect on tribal land
  - Report to Appropriate Department of Tribal Social Services
  - Report to CYFD if necessary for courtesy coverage or assistance in identifying the appropriate tribal entity.
Reporting Tips

• Objectively discuss your duty to report with the family unless you feel the disclosure will compromise the safety of the child or others

• Have detailed demographic information available (parent/guardian name, phone #, address, etc)
Reporting Tips

• You will be asked if you want to remain anonymous
  • It is recommended that you identify yourself and provide contact information so CYFD can follow-up and/or request additional information if necessary
• Reporter identity is confidential
Referral

• When Should I Refer to a Child Abuse Pediatrician?
  • If you are unsure whether a physical finding represents abusive injury
  • If you are caring for an abused patient who requires ancillary studies or care unavailable in your practice environment
  • Concern for bite-mark in need of forensic odontology assessment
  • Significant or unexplained injuries in premobile infants
Referral Resources

- UNM Child Abuse Response Team (CART)
- Outpatient consultative service is offered Monday through Friday 9AM-5PM via the Nurse Coordinator: Jocelyn Ruebel
  - Office number: 505-272-1898
  - Pager 505-951-2509 (preferred means of contact)
  - Attending on call may be directly reached through UNM PALS: 505-272-2000
After Hours

• For patients seen after hours, contact the CART message line: 925-4495

• Indicate patient name, DOB, brief HPI, and follow-up needs. Indicate whether CYFD and/or law enforcement is involved and any appropriate contact information.
Parting Thoughts

- Child Abuse is a national epidemic
- Ignoring abuse will not make it go away
  - Severity escalates with time
- Report suspicion, refer for evaluation
- Accurate diagnosis is prevention!